



State of Rhode Island

## Department of State - Business Services Division

## Statement of Change of Office

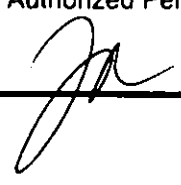
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 OCT 12 AM 10:29

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number <b>000912391</b>		2. Exact Name of the Limited Liability Company <b>Greenspan, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address One Citizens Plaza, 8th Floor			
City/Town Providence		State <b>RHODE ISLAND</b>	Zip 02903
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) 106 Clock Tower Square			
City/Town Portsmouth		State <b>RHODE ISLAND</b>	Zip 02871
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>JOSEPH R. MARION III, ESQ.</b>			Date <b>10/11/21</b>
Signature of Authorized Person of the Limited Liability Company 			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 12 2021

BY **A.A. 10:29AM**